Book of the month

The Medical Profession and Human Rights

The BMA's special interest in human rights goes back to the 1970s, when resolutions at annual meetings indicated continuing concern about the fate of colleagues and patients in repressive regimes, the denial of adequate healthcare to marginalized populations and other issues of social justice. In 1984 the BMA annual meeting called for a working party to investigate allegations that doctors in some countries were colluding with State torture. Two years later, the first BMA pamphlet on the issue, *The Torture Report*, found 'incontrovertible evidence of doctor's involvement in planning and assisting in torture, not only under duress, but also voluntarily as an exercise of the doctor's free will.' Medical and humanitarian groups began to turn to the BMA with testimonies and appeals. In 1992 a more substantial report *Medicine Betrayed* was published, broadening the scope to consider also the role of doctors in a range of human rights violations and in judicially sanctioned procedures such as executions and corporal punishment. Now, *The Medical Profession and Human Rights*[1] is more ambitious still, attempting to encompass a yet wider and evolving set of debates, including the question of whether it is useful to consider 'health' as a human rights objective, to stimulate cooperation between medical bodies, non-governmental organizations and others who recognize that political and social reform is the best medicine, and to provide practical guidance in areas as varied as protective measures for whistleblowers, ethics training, the medical examination of asylum-seekers and the creation of support systems for prison doctors.

There is a strong chapter on ethics, morals, needs and rights, and how such concepts evolve over time in one society and across cultures. Do some rights matter more than others? As the economist and Nobel laureate Amartya Sen points out, no simple equation can be made about which rights confer most benefit to most people. Intuitively, he says, all societies experience much greater outrage at serious violations of civil and political rights than at neglect of economic, social and cultural rights. Political imprisonment, torture and assassinations seem more shocking and more 'wrong' than the failure of States to provide basic means of survival, even though the latter typically causes far greater loss of life. Sen has also shown that no substantial famine has ever occurred in a country with a democratic form of government and a relatively free press.

One recurring criticism of the human rights debate is that it is essentially Eurocentric, based on Western liberal values, and also unduly legalistic. Non-Western cultures frequently embody value systems which are less individualistic and more sociocentric, so that personal liberty is less of an ideal. The fact that judicial punishments such as amputation appear to be based on a country's religious or cultural traditions has sometimes made the international community, including the Red Cross, reluctant to comment on them. Can arguments about cultural relativism legitimately undermine protests by such as the BMA about the sale of organs from executed prisoners in China or the forcible termination of pregnancies?

This leads on to the role of doctors in capital and corporal punishment. Is it possible to set the limits, universally applicable, of acceptable practice? What of the tough choices facing doctors in highly repressive regimes such as Iraq, where in 1994 nearly 100 people per week were recorded as brought to a single hospital for amputation of an ear or branding. If the patient (patient?) could not pay 600 dinars for an anaesthetic, he had to go without. The director of the Al-Basra Hospital and another doctor at the Saddam Hospital were executed for refusing to comply.

Doctors may be drawn into certifying fitness for punishment, monitoring its infliction, training others to do likewise, as well as certifying death afterwards. In Guatemala and the Philippines, following protests by their medical associations, the governments declared that paramedics rather than doctors should administer lethal injections. In the USA concern was expressed when doctors treated a prisoner for a mental illness so that he could be deemed fit for execution. The American Medical Association concluded that 'testifying as to medical diagnoses as they relate to the legal assessment of competence for execution' does not constitute participation in execution. This contrasts with the BMA's stance that provision of medical opinion on 'fitness for execution' is an inappropriate role for doctors. There is controversy too about the influence of psychiatric opinion as to 'future dangerousness' on the sentence handed down, and in particular whether such opinions could incline a court towards a death sentence. In an appeal to the US Supreme Court in 1982 by Thomas Barefoot, a prisoner awaiting execution, the American Psychiatric Association submitted a brief suggesting that assessment of future dangerousness could not be based on expert psychiatric knowledge and lacked scientific validity. The BMA later expressed similar reservations. I hope this will be noted by those in the UK who favour a new category, 'dangerously severe personality disorder', in the forthcoming new Mental Health Act as a justification for indeterminate detention in a psychiatric facility.

In a retrospective study in three former Latin-American dictatorships in the early 1990s, Dr Horacio Riquelme

found that doctors' interpretations of their ethical obligations varied with their political beliefs and backgrounds. During this oppressive period doctors continued to recognize normal ethical duties such as confidentiality, but medical ethics seemed to impact little on the bigger questions such as collaboration with torturers. My own connection with these questions arose out of my campaigning during the 1990s on the persistent silence of the Israeli Medical Association (IMA) about what Amnesty International, Physicians for Human Rights (USA) and Human Rights Watch had concluded was the institutionalized torture of Palestinians during interrogation, and the role of doctors in the facilities where this took place[2]. The IMA tended to ignore letters but, remarkably, responded to me in *The Lancet* by justifying the use of 'moderate physical pressure', then the euphemism in Israel for torture[3]. Two years ago Professor E Dolev, head of the Ethics Committee of the IMA, told a delegation from the London-based Medical Foundation for the Care of Victims of Torture that 'a couple of broken fingers' was a small price to pay for the information the interrogators might obtain (H Bamber, personal communication). Imagine if his BMA equivalent had said this.

In short, the doctor is not a man or woman apart. He or she is a citizen who has political and social attitudes that will not be left outside the clinic door. Professor Dolev and the IMA have tacitly accepted a version of loyal citizenship which holds that unpleasant things need to be done to Palestinians in the name of national security. This points to inherent limitations in the capacity of, for example, ethical training in medical schools to make a long-term difference.

Chapter 17 looks at questions of truth and justice and the role of national and international legal mechanisms, including war-crimes tribunals, and proposals for an international criminal court. Truth commissions are discussed, and a *BMJ* editorial of mine is cited on assumptions about the power of 'truth'. In the South African case in particular, the Commission was a kind of social ritual with considerable resonance across the country, but what of its formal objective as a promoter of social healing? What can be reliably claimed about the social efficacy of public apology, acknowledgment and forgiveness in the aftermath of political violence. Does 'truth' purify, even on the rare occasions when it can be unearthed in pristine condition, uninfluenced by subsequent events and interpretations? Given that perpetrators are generally given immunity from prosecution, can 'truth' deliver something in the absence of justice? How would we assess this in comparison with, say, what accrues from economic improvement?

The Medical Profession and Human Rights has breadth, depth and range, and represents an outstanding piece of scholarship, collation and organization. It should turn out to be a seminal work of reference. My admiration goes to Ann Sommerville, Lucy Heath and colleagues at the BMA.

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REFERENCES

1 *The Medical Profession and Human Rights: Handbook for a Changing Agenda.* British Medical Association, London: Zed Books (in association with the BMA), 2001. [562 pp ISBN 1-85649-612-0 (p/b); 1-85649-611-2 (h/b); £18.95, £50]

2 Summerfield D. Medical ethics: the Israeli Medical Association. *Lancet* 1997;**350**:63–4

3 Blachar Y. The truth about Israeli medical ethics. *Lancet* 1997;**350**:1247

Godless Morality: Keeping Religion Out of Ethics

Richard Holloway
163 pp Price £6.99 ISBN 1-84195-007-6 (p/b)
Edinburgh: Canongate Books, 2000

Belief or Nonbelief: a Confrontation

Umberto Eco, Carlo Maria Martini (translated from the Italian by Minna Procter)
98 pp Price £10.99 ISBN 0-8264-5210-8 (h/b)
London: Continuum, 2000

In recent decades medical ethics has been dominated by the notion that doctors ought to do nothing for patients without their consent, but despite this doctors are given little help in determining just how to conduct a dialogue with patients whose value systems may be radically different from their own. While, as Tristram Engelhardt has shown in his latest book *The Foundations of Christian Bioethics* (Swets and Zeitlinger, 2000), it is relatively straightforward to construct a medical ethic for a homogeneous community of doctors and patients, it is quite a different matter to construct one for a secular profession practising in a pluralist society such as ours.

Although neither of the two short books being reviewed here is concerned primarily with medical issues, both illustrate how powerful are the moral dilemmas generated by medicine and medical technology and both take as their aim the exploration of what a shared ethic might look like. Both too are exemplary in the modesty with which their authors put forward their views, in the respectful lack of polemic with which each argues, and in the profound

theological and cultural insight that each brings to the enterprise. By different routes the Protestant bishop, the Roman Catholic cardinal and the secular humanist arrive at something very close to common ground—that the specialness of humanity requires us each to respect others' autonomous choices.

Richard Holloway, Bishop of Edinburgh and the Scottish Episcopal Primate, brings to his highly readable *Godless Morality* seven years' experience on the Human Fertilisation and Embryology Authority (HFEA) as well as a deep understanding of the urban environment in which he, along with many physicians, works. He begins his book with an analysis of the roots of morality in the West, their attenuation in the modern world and the attempts being made to recreate common ground without recourse to God. He then moves in successive chapters to consider first our changing attitudes to sexual and gender morality in a world that encompasses the current reality of 'the reproductive supermarket', including the reality of genetic modification; then to the implications of acknowledging respect for personal autonomy especially as this applies to interpersonal relationships, including power relationships, and to the use of noxious substances; and lastly to the question of what it means to be human and what that meaning implies at both ends of life. In a closing chapter, 'Deciding for Ourselves', he returns to the moral confusions of the present day. His conclusion is optimistic: the moral traditions that no longer work were ones that we have built ourselves and so the chances are good that we can build new ones for the future.

While Holloway's book grew out of his time on the HFEA, the genesis of *Belief or Unbelief* lay in the remarkable series of free public lectures that Carlo Maria Martini, Cardinal Archbishop of Milan, has given in that city under the title 'Lectures for Non-believers' and which over the years have been attended by tens of thousands of Milanese. In 1996 an Italian newspaper invited Martini to join with the scholar and novelist Umberto Eco in a series of dialogues on the place of religion in contemporary society. This book, consisting of four pairs of amiable and respectful confrontations, is the result. While issues thrown up by medicine are less overtly addressed, these nevertheless run like a thread through the book. Four general topics are discussed—the place of ethics in the modern world and the importance, or the lack of it, of the Christian tradition; the ends of life and its meaning for our thinking about conception, abortion and euthanasia; the place of women, and by extension the role of authority in human relations; and the necessity in today's world of accepting respect for personal autonomy as a guiding principle for thought and action. For the first three of these topics it is the secular humanist Eco whose voice we hear first and Martini who responds to his challenges; only in the last dialogue does the priestly view take the lead. Both are men of the world (Martini has been mentioned as a possible successor to John Paul II) and both are profound scholars; each clearly respects the other. The result is a remarkable *tour d'horizon* that leaves one hoping that there might be more to come. Their book is less easy reading than Holloway's but none the worse for that. The reader comes away having had the fascinating experience of hearing two first-rate minds at work.

Like all thoughtful studies of ethics, especially of ethics for a society such as ours, neither of these books aims to provide simple answers. What both do is to lay out the issues that need to be dealt with and show how widely differing sets of views can find common ground. They serve as models of how such dialogues can be conducted without the bitterness and acrimony that so commonly afflict these kinds of arguments. They should be read by all those who think that their particular God-given views are the proper ones for us all.

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Type 2 Diabetes in Practice

Andrew J Krentz, Clifford J Bailey
188 pp Price £14.95 ISBN 1-85315-482-2 (p/b)
London: RSM Press, 2001

In the UK, the prevalence of all types of diabetes is 3–7%. It is even higher in certain ethnic groups, whilst the indirect costs of diabetes are currently estimated at 9% of total healthcare budgets. The aims of treatment for type 2 diabetes, which accounts for more than 90% of all patients with diabetes, are focused on optimizing quality of life, tight control of blood glucose and attention to a syndrome of associated risk factors. This requires input from a broad spectrum of disciplines and much of the work in improving diabetes care involves primary-care-led services—a strategy requiring much education and substantial resources. Many of these issues will be addressed by the Department of Health's soon-to-be-published National Service Framework (NSF) in Diabetes, so Krentz and Bailey's book is very timely.

Type 2 Diabetes in Practice is the first in a series to be published by the RSM Press with the aim of presenting opinion-leader advice relevant to everyday clinical practice. It serves as a concise but comprehensive review of all aspects of the management of type 2 diabetes and is likely to be of greatest interest to those looking after diabetic patients in primary care. I approached this book as a consultant diabetologist who has been asked to coordinate diabetes care in the community. Although not detailed enough for a specialist's textbook, *Type 2 Diabetes in Practice*

provides sufficient basic information to allow an understanding of all aspects of the management of type 2 diabetes, with evidence-based guidelines where available. It is clear that, although the most complex patients are managed within secondary care, the NSF will recognize that the greatest opportunities for improvement in quality and efficiency lie in refocusing the hospital services to the areas of greatest need. As a result, increasing numbers of patients with type 2 diabetes will be managed in primary care. The chapters deal with aetiology, pathophysiology and natural history while providing numerous evidence-based guidelines for management of all aspects of type 2 diabetes. Main points are highlighted, and brief but comprehensive references are provided. The tables and diagrams, particularly those dealing with molecular mechanisms, are clear. I was impressed by the references to recent trials suggesting benefits from ACE inhibitors such as HOPE and MICROHOPE and the inclusion of American Diabetes Association guidelines on glycaemic control. The NICE guidelines for the glitazones were obviously published after the book was written but a discussion of their potential role is included. In areas where evidence was less clear-cut I found myself agreeing with the practical advice being offered. Inevitably there are a few areas where omissions have occurred—for example the use of the anticonvulsant gabapentin in painful peripheral neuropathy. In conclusion, I will find this book very useful in the preparation of teaching programmes for primary care colleagues within my district.

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A History of Surgery

Harold Ellis
264 pp Price £29.50 ISBN 1-84110-023-4 (h/b)
London: Greenwich Medical Media, 2000

Professor Ellis is renowned for his lucid prose, and in *A History of Surgery* he is on top form. The book is well set up to educate and amuse medical readers, particularly those from a surgical background; many non-medical readers, too, will enjoy the gruesome vignettes and be grateful for modern-day treatments.

The author describes in detail the progression of surgical procedures from prehistoric times to the present day, and in the last chapter he glances at the future; parallel accounts of key events in world civilizations offer history lessons in their own right. Selected operations are used to illustrate the advance of surgery from what today seems inconceivable—e.g. limb amputation without anaesthesia—to the modern techniques informed by warfare and science. Some procedures such as tracheostomy, described in detail by Paul of Aegina (625–690 AD), remain pertinent today while others which contributed to the demise of many patients (e.g. bloodletting) were surprisingly slow to disappear. Professor Ellis predicts that, in the 21st century, cancer surgery will be replaced by tablets and that surgeons will revert to being bone-setters, who may well regard present-day surgery as barbaric.

The brilliant amalgamation of detailed historical facts with anecdotes of famous surgeons results not only in a useful reference tool but also in an easily digestible read. Furthermore the author cleverly links famous surgeons by heritage (for example, Hugh Owen Thomas, who invented the eponymous splint that is still in use today, was the uncle of Sir Robert Jones) or by marriage (Joseph Lister, was James Syme's son-in-law), to remind us how the art of surgery was often passed from one generation to another and learnt as an apprenticeship. Professor Ellis was himself taught by some of the great surgeons of the day and his enthusiasm for passing on knowledge leaps from the pages. The book is illustrated with many classical and original pictures from different sources, including the author's own collection. Particularly eye-watering are the seventeenth century figures depicting a breast amputation followed by the use of a hot-iron cautery on a bloody wound. (Unfortunately a few of the pictures have been accidentally transposed.) This masterly compilation would be an ornament to any collection of books on surgical history.

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Old Masters: Great Artists in Old Age

Thomas Dormandy
389 pp Price £19.95 ISBN 1-85285-290-9 (h/b)
London: Hambledon & London, 2001

Dr Dormandy's new work is a 'gentleman's club-table conversation' of a book, and the topic is one the reader can imagine as having been suggested by the *valere vita* in the RSM's motto. In his definition of 'old age', Dormandy has decreed three score years and ten to include too many artists, four score too few, so seventy-five will do. His collection includes nobody dead in the past forty-five years, so there are not too many disagreements about who qualifies for 'greatness', and it is Eurocentric, with the inclusion of Hokusai, who provides a leitmotif quotation, emphasizing that bias rather than otherwise. In the introduction, Dormandy allows an *alter ego* to chip in with a footnote, and from then on, as each artist is considered, the footnotes read as if a group of friends, each with an

anecdote, useful date or fact, is courteously given place in the conversation while the author directs the flow. Few readers will know all the paintings, and those who do not will not be helped visually, since only fourteen are reproduced. The absence of any illustration for Hals, an artist for whom Dormandy seems to have a soft spot, is more than compensated for by an academic spat between him and John Berger over whether Hals was a good or bad boy. It is in this way that the imagined meal and the conversation passes while the lives and works of ten artists are mulled over—Tintoretto, Hals, Chardin, Goya, David, Hokusai, Renoir, Maillol, Munch and Kandinsky. The footnotes for Goya alone people the table with a doctor to comment on his deafness, a diplomat to clarify Habsburg intrigue, the snapper-up of unconsidered trifles to tell us that the thirteenth Duchess of Alba had thirty-five Christian names, the theological historian to tell us that not until 1813 was the Inquisition abolished and its records burnt.

The mood of the book changes in the second section, for here the party moves as it were into the drawing-room, and over coffee and port settles down to discuss whether meaning can be derived from these lives. Did the artists paint to eat or live to paint; how does the work of their old age compare with their youthful production? The footnotes swell and threaten to take over, chapter 15 exhibiting something of a bell curve, with running comments going over the page until the peak where nine lines of text squeeze in above thirty-seven lines of footnotes. One would not wish, however, to be without any of them once they are treated as part of the conversation. The asides and put-downs are more whimsical, and the deeply personal in the author's views of the politics of Europe between the wars is clear. References in the text to the 'Swan of Avon' and the 'Sage of Dulwich' assume knowledge in the reader which is not necessarily there, and also show that the index is hand-made rather than a computer product, for Shakespeare and Wodehouse do appear, but not under swan or sage. The discussion is inevitably inconclusive—the sample size is small—and on the front of the dust cover Chardin at 76 looks a sleek and successful 56, while on the back Munch at 78 looks ten years older.

After this, the party disperses, and the two main sections of the book are followed by a biographical index—an example of *esprit d'escalier*, if the club-table analogy is to be taken to its conclusion. Perhaps also there is something of Charles Lamb's awareness (*Confessions of a Drunkard*) of having talked a little too much, of having been a little too brilliant, and of having excluded women and much of the world. The footnotes triumph, and become the text as a further seventeen long-lived artists are covered in this extended postscript. Käthe Kollwitz is the only woman artist to feature (died aged 78), Angelica Kauffmann (1741–1807) having died too young to be more than a glance. Before the book closes, all the works of art are given in alphabetical order by artist, and we are told where to find them. Seventy-three artists and 391 works are listed, which gives a good idea of how far the author and his footnotes have taken the reader, and, of course, how far the reader can take himself or herself to see the works at first hand. To the question, should this conversational *omnium gatherum* be on your shelves, the answer is, certainly. These lives will give weeks of pleasure.

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